



Executive Chamber PERSONNEL ACTION REQUEST

C O E M
NH FQ SS

LINDSEY **BOYLAN**

First Name M.I. Last Name Social Security Number

Home Address Date of Birth NYS Driver ID#

City, State, Zip Home Phone

OFFICE OF THE SECRETARY **CATHY CALHOUN**

Unit Supervisor

N# Proxy ID# PIN#

Emergency Contact: _____ Number: _____

Room # _____ Work Location: Albany NYC Wash D.C.

DEPUTY SECRETARY FOR **\$158,026**

Working Title Salary

ECONOMIC DEVELOPMENT **ESD**

Payroll Title Line Item#

2/12/18 bob

Effective Date OVERTIME Eligible: yes no

ACTION **APPOINTMENT** _____ **Leave of Absence**

_____ **Salary Increase** _____ **Change of Line Item**

_____ **Separation** _____ **Other** _____

External Transfer to _____ Previous State Agency: _____

BCI: Necessary yes no Started Complete

ETHICS Notification yes no Vetting _____ Complete

Confidential List yes no

Comments: _____

AUTHORIZATION:

GOVERNOR _____

(or designee)



Executive Chamber PERSONNEL ACTION REQUEST

C O E M
NH FQ SS

LINDSEY		BOYLAN	
First Name	M.I.	Last Name	Social Security Number

Home Address	Date of Birth	NYS Driver ID#
City, State, Zip	Home Phone	
STATE OPERATIONS	CATHY CALHOUN	
Unit	Supervisor	
N#	Proxy	ID#
		PIN#

Emergency Contact: _____ Number: _____

Room # _____ Work Location: Albany NYC Wash D.C.

DEPUTY SECRETARY for ECONOMIC DEVELOPMENT	\$161,187
Working Title	Salary
	ESD
Payroll Title	Line Item#
9/26/18 cob	OVERTIME Eligible: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Effective Date	

ACTION APPOINTMENT Leave of Absence
 Salary Increase Change of Line Item
 Separation Other _____

External Transfer to _____ Previous State Agency: _____

BCI: Necessary	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	Started	<input type="checkbox"/>	Complete	<input type="checkbox"/>
ETHICS Notification	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	Vetting	<input type="checkbox"/>	Complete	<input type="checkbox"/>
Confidential List	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no				

Comments: _____

AUTHORIZATION: 
GOVERNOR _____
(or designee)

Exit Memo Checklist